

1. MOTION TO SUBMIT
PROFESSIONAL LIABILITY

CRUEL ACTION - JURY TRIAL REQUESTED
DATE: DECEMBER, 17TH 2020
TO THE HONORABLE JUDGE OF THE
EASTERN PENNSYLVANIA DISTRICT COURT.

HOLLIDAY, MICHAEL vs PrimeCare Medical
(MICHAEL JAMES HOLLIDAY) : Dr Kenneth Wlocheski
BCS# 2008 0808 : Nurse Leona
: ~~Ch Katkowski~~

TO the Honorable Judge of said Court:

At sometime on September of 2019
I was given a 100 mg dose of
Anthony Line weaver's Methadone.
When I was only on 16 mg of Methadone
at this time. This dose was administered
by a "Nurse Leona," who works for
Prime Care Medical, Under the charge
of Dr. Kenneth Wlocheski.

This large amount of Methadone
caused me to have an ~~over~~ overdose, which in-
turn caused me to suffer a mild Stroke,
or what appeared to be stroke like
symptoms. Mr Katkowski was working
the medical department at this time

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where I was being held under a 24H observation, due to Nurse Leona's negligence, in give me Mr Anthony's lineweavers methadone dose, After experiencing what I believe a seizure or a Stroke, and upon recovering my consciousness I immediately alerted C/O KATKOWSKI of the symptoms in which I just experienced, at which point he called me "a dickhead and a liar," at this point I ask him if he was a medical professional he replied that "I am a doctor". At which he proceeded to walk away.

After this episode I noticed immediately, that something was wrong. I was experiencing Slurred Speech an abward gaze and the left side of my face, my lip felt a numbing sensation and a sagging, these symptoms I continue to experience to this day.

Around this time I submitted multiple inmate grievance forms one of which the Medical Department admitted that "Nurse Leona" gave me someone elses methadone,

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and amount which could have proven fatal. To this day I suffer from memory loss, trouble forming sentences and awkward gait.

Not only did they not reprimand "Nurse Leong," they continued to allow her to administer me my methadone dose. Knowing that she was this accident prone, and she wound up giving me, another inmate, Antone Scott's, methadone dose, this second incident was covered up by the Medical Staff.

I also submitted a grievance regarding the actions of officer Katkowski in which I received a response claiming to have "retrained" Katkowski.

I have submitted numerous sick calls, grievances and communication forms complaining about stroke like symptoms, which have went mostly ignored. I have yet to receive either an MRI or a Cat Scan to determine the extent of my injuries.

On December 11th 2020, after requesting a copy of my grievances from the period of September and October 2019, I received ~~in state~~ response from

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from the head counselor, J. ~~Collins~~ Collins, claiming, "we do not provide copies of grievances". Which I believe is a violation of my rights. THIS IS DOCUMENTATION I REQUIRE TO PROVE NEGLIGENCE ON BEHALF OF THE MEDICAL STAFF AT PRIME CARE MEDICAL.

MY GROUNDS FOR THIS CLAIM ARE AS FOLLOWS;

"NURSE LEONA" WAS NEGLIGENT IN HER DUTIES BY ADMINISTERING ANOTHER INMATE'S ^{DOSE} ~~DOSE~~ WHICH CAUSED ME TO SUFFER COMPLICATIONS THAT CONTINUE AND HAVE NOT BEEN PROPERLY ADDRESSED. SHE IS EMPLOYED BY PRIME CARE MEDICAL, AND UNDER THE SUPERVISION OF DR. WLOCHESKI, who HAS THE FINAL SAY IN ALL MEDICAL OPERATIONS THAT ARE HANDLED WITHIN THE CONFINES OF BERKS COUNTY JAIL SYSTEM. BERKS COUNTY, PA BOTH PARTIES BEING EMPLOYED BY PRIME CARE MEDICAL.

Claimant: Michael Holladay

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PROFESSIONAL LIABILITY CIVIL ACTION COMPLAINT

DEFENDENTS:

1. Dr. Kenneth Wlozeski:
Is a licensed professional with
offices in Berks County, Pennsylvania

Plaintiff, Michael Holliday, is
asserting a professional liability
claim against this defendant.

2. Nurse Leona:

Plaintiff Michael Holliday is asserting
a professional liability claim against
this defendant.

She is a licensed professional
under the supervision of Dr. Kenneth
Wlozeski. Both are employed by
Prime Care Medical working from offices
in Berks County Pennsylvania.

3. Being prime care medical

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3. Prime Care Medical:

A corporation or similar entity where the entity is responsible for a licensed professional who deviates from an acceptable professional standard with offices located throughout the State of Pennsylvania, but headquartered at 3940 Locust Ave Harrisburg, Pa. 17109

Dr WLOCESKI + Nurse Leona are both employed by Prime Care Medical

Respectfully; Michael J Halliday

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CERTIFICATE OF MERIT

Michael J. Holliday Vs Prime Care Medical
BCJ # 2008-0808 Dr Kenneth Wlozeski
Nurse Leong

Certificate of Merit as to
Prime Care Medical - Nurse Leong
Dr Wlozeski

I Michael Holliday certify that the that this defendant deviated from an acceptable professional is based solely on a allegation that the other licensed professional for whom this defendant is responsible deviated from an acceptable professional Standard and an appropriate licensed professional has supplied a written statement to the Under- signed that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professional in the treatment practice or work that is the subject of the complaint fell outside the acceptable professional Standard and that such conduct was a cause in bringing about the harm.

DATE: DECEMBER 29th 2020
Plaintiff - Michael J. Holliday, Michael Holly

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CERTIFICATE OF MERIT (CONTINUED)

MICHAEL J. HOLLIDAY VS DR KENNETH WLODZSKI
 BCJS # 2008-0808 NURSE LEONA
 PRIME CARE MEDICAL

PAGE TWO OF CERTIFICATE OF MERIT

I MICHAEL HOLLIDAY PLAINTIFF IN THE ABOVE CASE AM HEREBY SUBMITTING THE FOLLOWING GRIEVANCES ALONG WITH THEIR RESPONSES, AS MY CERTIFICATE OF MERIT. ME BEING AN INMATE HELD IN BERKS COUNTY JAIL AND WITH LIMITED RESOURCES AND UNABLE TO BE SEEN BY OUTSIDE PROVIDERS WITHOUT THE APPROVAL OF THE DEFENDANTS IN THIS CASE I HOPE THIS IS ENOUGH TO MEET THIS REQUIREMENT.

1 GRIEVANCE # 1153-19 PAGE #1 A "MITZI L. MONTZ RN BSN/MSA" ACKNOWLEDGES "THE MEDICATION ERROR" NAMELY THE 100 MG'S OF ANTHONY LINEWEAVER'S METHADONE DOSE WHICH CAUSED ME TO OVERDOSE AND TO EXPERIENCE FURTHER SYMPTOMS MENTIONED IN THIS ACTION PREVIOUSLY, SYMPTOMS THAT CONTINUE TO GO UNADDRESSED.

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CERTIFICATE OF MERIT (CONTINUED)
PAGE THREE

2. GRIEVANCE 1133-19 ON APPEAL THE WARDEN HERSELF ACKNOWLEDGE THAT I WAS GIVEN AN "INCORRECT DOSE OF METHADONE",

3. I ALSO SUPPLY GRIEVANCE APPEAL 1168-19 AS FURTHER EVIDENCE THAT THERE WAS A DEVIATION FROM FROM AN ACCEPTABLE PROFESSIONAL STANDARD BY STAFF AND DOCTORS WORKING FOR PRIME CARE MEDICAL

WITH LIMITED RESOURCES AT MY DISPOSAL AND UNABLE TO VISIT A MEDICAL PROFESSIONAL WITHOUT DEFENDANTS APPROVAL. I AM ADDING THESE GRIEVANCES WITH RESPONSES FROM "MITZI L. MONTZ RN BSN ASA".

A MEDICAL PROFESSIONAL ALSO EMPLOYE WITH PRIME CARE MEDICAL WILL SUFFICE

DATE: DECEMBER 29TH 2020

RESPECTFULLY SIGNED Michael J. Holliday
PLAINTIFF MICHAEL J. HOLLIDAY

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MEDICAL PROFESSIONAL LIABILITY REQUEST OF DAMAGES

Michael J. Holliday vs. DR. Kenneth Wlodarski
BJ# 2008-0808 NURSE LEONA
PRIME CARE MEDICAL

1) MEDICAL AND OTHER RELATED EXPENSES;
IN AN AMOUNT OF \$100,000.

2) LOSS OF EARNINGS;
\$50,000

3) PAIN AND SUFFERING, LIFE CHALLENGES
RESULTING FROM INJURES SUFFERED;
\$1,000,000

(Requesting MRI - OR CATSCAN TO DETERMINE Extent of Damage
WITH OTHER MEDICAL FOLLOW UP)
FUTURE DAMAGES FOR:

1) MEDICAL AND OTHER RELATED EXPENSES;
IN AN AMOUNT OF \$100,000

2) LOSS OF EARNINGS;
IN AN AMOUNT OF \$50,000 PER YEAR
OR Lump Sum of \$2,000,000

3) FUTURE PAIN SUFFERING, LIFE CHALLENGES
RESULTING FROM INJURES.
\$3,000,000

4) AND MONEY TOWARD ANY LAWYER or LEGAL
FEES THAT MAY BE INCURRED

PETITIONER, MICHAEL J. HOLLIDAY

Michael Holliday December, 29th 2020

**BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM**

Inmate Name

Michael H. Hily

BCJ#

08-0808

Cell

10/0-22

Date

9-23-19

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

CHOOSE ONE OPTION:

☒ New Grievance☐ Appeal to Grievance # _____

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)
ONLY ONE TOPIC PER GRIEVANCE FORM.

ON September 23 ~~2019~~ 2019 I went
to medical to get my methadone.
I only get 16 ~~mg's~~ milligrams of methadone
After the nurse gave me my dose
I went back to my block "2 block"
I began to notice I was feeling unusual
my belly was mad because he said the nurse
gave me his dose instead of mine
He told me he takes 100 mg's that is like
six times the amount I get. They brought me
back to medical where they took all my Regal Paper

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Grievance Response:

The officer notified the appropriate medical staff of your behavior. I will remind staff to call appropriately and professionally.
MR. Holliday - you were assessed after the medication error - The provider and nurse has followed up with you for any adverse effects. You again were evaluated the next day as a follow up with the provider. EOR

Grievance Answered By:

Lt. Blunt 9-27-19 / Matthew Montenegro

Date

9/27/2019

Grievance #

1153-19

Date Posted

9/27/19 US 9/30/19

BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

Inmate Name Michael Holliday BCJ# 08-0808 Cell 0-220
Date 9-23-19

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

CHOOSE ONE OPTION:

☒ New Grievance

☐ Appeal to Grievance # _____

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)
ONLY ONE TOPIC PER GRIEVANCE FORM.

They put me in an observation cell where I fell
out after feeling light headed and dizzy before
I went in. Counselor I asked to see
Began to shake then everything went dark
Lt. Karkowski observed me having what
may have been a seizure. I told him what happened
and he called me a "Dick and Liar". I asked him
if he was a doctor and he said "yes & no". Almost
instantly I started feeling a change. Before the seizure I
felt a cold tingling, numb sensation in my head
when I woke back up I could tell something
something was not right. My arm seemed weaker

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Grievance Response:

See page 1 of 4

Grievance Answered By: Mich. J. Montgomery

Date 9/27/2019

Grievance # 1153-19

Date Posted 9/30/19

Page # 3

BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

Inmate Name Michael Holliday

BCJ# 080808

Cell 0-220

Date 9-23-19

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

CHOOSE ONE OPTION:

☒ New Grievance

☐ Appeal to Grievance # _____

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)
ONLY ONE TOPIC PER GRIEVANCE FORM.

After I awoke from what I believe to have been
a seizure I noticed my arm was weaker feeling than the
other arm. I was having trouble with my speech
and I felt confused. I even noted I was having
difficulty walking. I continuously told the CLO's
and medical staff. CLO Karkowski said I was
a liar and a dickhead so he doesn't believe anything
I say. So, I have been stuck in the observation cell
without receiving any medical attention aside from
having my vital signs done or checked. I should
be getting an MRI or CATSCAN something is wrong
with me I can tell I have changed. The CLO is no doctor

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Grievance Response:

See page 1 of 4

Grievance Answered By: Mutrix & Montano-RBSN/HST

Date 9/27/2019

Grievance # 1153-19

Date Posted 9/30/19

BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

PAC # 4
Inmate Name Michael Hickey BCJ# 080808 Cell 0-220
Date 9-23-19

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

CHOOSE ONE OPTION:

☒ New Grievance

☐ Appeal to Grievance # _____

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)
ONLY ONE TOPIC PER GRIEVANCE FORM.

After Ch. Kafkewski responded "yes, I am a DeCher" I began to notice strange things. That something wasn't right with me. I seemed very confused, my balance was off, I felt my one arm was weaker than the other. They brought me to discuss these symptoms with a therapist who kept cutting me off and making childish comments. I told him about a separate incident days prior where I felt a cold sensation in my head and passed out. ~~I~~ I Request a Calsen or MRI. I want myself, smiling

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Grievance Response:

See page 1 of 4

Grievance Answered By: Michael Hickey BSW #54

Date 9/27/2019

Grievance # 1153-19

Date Posted 9/30/19

U. Roberts
Medical

FORM# REC120

(REV 10/2018)

BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

Inmate Name McClure Holliday BCJ# 08-0808 Cell P203
Date 10-1-19

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

CHOOSE ONE OPTION:

☐ New Grievance

☒ Appeal to Grievance # 1153-19

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)
ONLY ONE TOPIC PER GRIEVANCE FORM.

With all due respect miss. You claim I have been assessed yet today while attempting to discuss my medical concerns with Dr. Pelaez. P.A. Jesse Kirsch began to yell "Fuck you Holliday! I don't want to see him again he is an asshole! I hope he spells my name right!" This happened while I calmly attempted to discuss my medical concerns with Dr. Pelaez. This is the second time such an outburst happened with him. This was unprovoked and there was a curtain blocking my view of him. How can I discuss my medical concerns with these interruptions that are totally unprovoked & uncalled for? The whole medical dept. overheard this.

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Grievance Response:

You filed a separate grievance on P.A. Kirsch with the same allegations. (Grievance # 1168-19). I responded to day on APP 11/68-19 about the complaint you made regarding your interaction with J. Kirsch. I have taken an extra day to thoroughly review this appeal & the original grievance. Since both appeals (1168-19 & this one 1153-19) only discuss the verbal exchanges w/ J. Kirsch, I am assuming the remaining issues on 1153-19 are no longer issues, however I did take time to review the full grievance. Your first point in the original grievance, referenced getting an incorrect dose of methadone, this is acknowledged. You then say you got no medical attention, except vitals taken. Providers were notified if dose was right after you were issued med & you were moved to medical & yes, numerous vitals were taken & also assessments done at the same time. On 9/23/19 around 1:45 PM you even asked to leave medical and on 9/24 at approx 0345 hrs you refused check & said you were fine. Surely staff took immediate & ongoing care to monitor you.

Grievance Answered By: JANET R. DILLON

Date 10/17/19

Grievance # 1153-19

Date Posted 10/17/2019

Sr Staff
H. Montz
Capt.

Original: Treatment File

Canary: Return to inmate with response

FORM# REC120

(REV 10/2018)

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BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

Inmate Name Michael Holitzky BCJ# 2008-0808 Cell 1202
Date 10-9-19

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

CHOOSE ONE OPTION:

☐ New Grievance

☒ Appeal to Grievance #

1168-19

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)
ONLY ONE TOPIC PER GRIEVANCE FORM.

I DID NOT MAKE THIS INCIDENT. IF YOU
HAVE DISHONEST STAFF MEMBER OF COURSE THAT IS
ANOTHER ISSUE. YOU HAVE CAMERAS WITH AUDIO
I AM SURE. YOU DON'T NEED TO TAKE MY WORD
FOR IT. 9:45 - 10:15. I COULD SEE MR KIRSCH
DENYING THE INCIDENT ALONG WITH HIS FRIENDS AND
COLLEAGUES. I WOULD LIKE THIS SORT OF UNPROFESSIONAL
BEHAVIOR ADDRESSED OR LOOKED INTO. THIS SORT OF
ATTITUDE IS UNBECOMING OF PEOPLE WORKING IN A MEDICAL
FIELD TAKING CARE OF ~~OTHER~~ OTHER PEOPLE. WOULD LIKE
AN APOLOGY. I AM WILLING TO LET IT GO.

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Grievance Response: I am responding to your allegations about J.

Kirsch on this appeal since this was the issue outlined
on 1148-19. You also raised it again in 1153-19 Appeal.
The Medical Administrator did not deny that staff
reported a verbal exchange between you & the P.A. (Kirsch).
The versions were different, however, the medical administrator
did state in your response that she educated staff
upon review of your complaint & the incident. The original
grievance form was found to have writing on it from someone
other than the responder, M. Montz, therefore staff copied
the top of the grievance form so the responder M. Montz could
write her reply back to you.

Grievance Answered By: Joseph J. Quigley

Date

10/17/19

Grievance #

APP 1168-19

Date Posted

10/17/2019

cc: Sr Staff
M. Montz
Capt.

Original: Treatment File

Canary: Return to inmate with response

BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

Inmate Name Michael Holliday BCJ# 2018-0808 Cell E202
Date 10-9-19

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

CHOOSE ONE OPTION:

☐ New Grievance

☒ Appeal to Grievance # 1168-19

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)
ONLY ONE TOPIC PER GRIEVANCE FORM.

IS THE WARDEN AWARE THAT ONE OF HER STAFF MEMBERS
CARRIES ON LIKE THIS? AND #1168-19 IS NOT THE
ORIGINAL GRIEVANCE THERE IS ANOTHER RESPONSE BUT IT
APPEARS TO HAVE BEEN ALTERED. CONSIDER WHAT THAT ONE
SAID? AT ANY RATE, I NEVER EXPECTED YOUR
MEDICAL TEAM TO ADMIT THEY ARE WRONG. IT WOULD BE
MORE TO GET AN APOLOGY. FROM NOW ON I WOULD LIKE TO
BE ALLOWED AN OPPORTUNITY TO DISCUSS MY MEDICAL CONCERNS
WITH DR. PLEAZER WITH OUT HAVING TO ENDURE SIDE INTERACTIONS
FROM THE OTHER SIDE OF THE CURTAIN. ~~I WILL BE REQUESTING~~
I HAVE TALKED TO A FEW NURSES THAT SHARE MY CONCERN.

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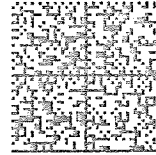
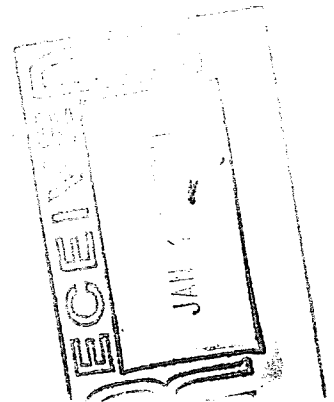
Grievance Response:

Grievance Answered By: _____ Date _____

Grievance # App 1168-19

Date Posted 10/17/2019

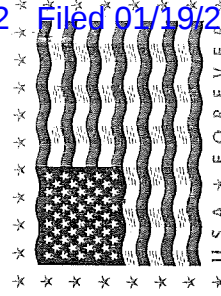
Name Michael Holiday
BCP# 2008-0808
Housing Unit 3104
Berks County Jail System
1287 County Welfare Rd
Leesport, PA 19533-9397



U.S. POSTAGE PITNEY BOWES



ZIP 19533 \$001.10⁰
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EASTERN DISTRICT COURT OF PA
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